

**New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services
Indoor Environments Program
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-631-6749
Fax: 609-588-7618**

Instructions to Complete Application for Reciprocal Asbestos Accreditation

Following are the instructions for workers and supervisors seeking a reciprocal permit in New Jersey.

All individuals seeking reciprocity for a New Jersey worker or supervisor permit must first apply to the New Jersey Department of Health and Senior Services (NJDHSS) to have their training and permit status in another USEPA authorized state verified and approved. As part of that approval, all applicants must complete an ***Application for Reciprocal Asbestos Accreditation*** and submit it, with all required documentation, to the NJDHSS for review. The ***Application for Reciprocal Asbestos Accreditation*** must be submitted to the following address:

**New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services
Indoor Environments Program
PO Box 369, 3635 Quakerbridge Road
Trenton, NJ 08625-0369**

Initial Applicants:

Upon approval of the application, the NJDHSS will send you the necessary paperwork to schedule yourself for the New Jersey state asbestos examination. Once you successfully pass the examination, you may apply to the New Jersey Department of Labor (NJDOL) for your asbestos permit.

Applicants Renewing Their NJ Permit:

A letter will be sent to the applicant indicating approval or denial.

To obtain a New Jersey asbestos worker or supervisor permit application, you may contact the NJDOL at the following:

**New Jersey Department of Labor and Workforce Development
Asbestos Control and Licensing
1 John Fitch Plaza, 3rd Floor
P O Box 949
Trenton, NJ 08625-0949
Telephone: 609-633-2158**

**New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services, Indoor Environments Program
PO Box 369, 3635 Quakerbridge Road
Trenton, NJ 08625-0369
Telephone: 609-631-6749
Fax: 609-588-7618**

Application for Reciprocal Asbestos Accreditation

Type or print legibly in ink. Please complete the following information and attach all necessary documentation. Send completed application to the above address. You will be contacted when your application has been reviewed.

Application Type <input type="checkbox"/> Initial NJ Permit <input type="checkbox"/> Renew NJ Permit If Renewal: NJ Permit No.: _____ Exp. Date: _____ (MUST attach copy)				Discipline <input type="checkbox"/> Asbestos Worker <input type="checkbox"/> Asbestos Supervisor	
Last Name _____		First Name _____		MI _____	Social Security Number* _____ - _____ - _____
Street Address _____		City _____	State _____	Zip Code _____	Daytime Telephone No. () _____
Date of Birth ____ / ____ / ____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Employer _____			

*Pursuant to the Privacy Act, U.S.C. 552a, the disclosure of social security numbers is voluntary. This number will be used for statistical purposes only.

Non-NJ Permit (license/certification) Information

To be eligible for certification in NJ you must hold a currently valid certification in another state which has been authorized by the US Environmental Protection Agency to administer and enforce an asbestos training and certification program. List all states for which you hold currently valid certification(s) and include the following attachments as listed below

Certification State(s)	Permit Type	Permit Exp. Date	Permit No.	Initial Training Dates (beginning and ending)	Total Initial Hours	Refresher Training Date**	Total Refresher Hours

**** Refresher training may not be more than one year old.**

Applicant must include the following information with this application:

Initial applicants:

1. A notarized copy of each initial training certificate as indicated above.
2. A notarized copy of each refresher training certificate (if applicable) as indicated above.
3. A clear, notarized copy of your currently valid asbestos permit as indicated above (if information appears on back & front, include copy of both sides).

Applicants renewing NJ permit:

1. A notarized copy of each refresher training certificate (if applicable) as indicated above.
2. A clear, notarized copy of your currently valid asbestos permit as indicated above (if information appears on back & front, include copy of both sides).

CERTIFICATION

The information contained in this "Application For Reciprocal Asbestos Accreditation" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:60.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification, application validity, and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification to conduct asbestos activities in New Jersey.

Signature _____	Date _____
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